

Alaska Medicaid

H.P. ACTHAR GEL®(REPOSITORY CORTICOTROPIN INJECTION)

Available 80 Unit/mL (5mL vial)

INDICATIONS and USAGE:

“H.P. Acthar Gel is an adrenocorticotrophic hormone (ACTH) analogue indicated as monotherapy for the treatment of infantile spasms in infants and children under 2 years of age.”¹

Criteria for Approval:

1. Patient must be less than two years of age; **AND**
2. Must have diagnosis of West syndrome (infantile spasms); **AND**
3. Letter of medical necessity including previous treatments

Length of Authorization:

- Coverage may be approved for up to 6 months

References:

¹ H.P. Acthar Gel® package insert is available at: <<http://www.acthar.com/files/Acthar-PI.pdf>>
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